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**SWINTON  
URBAN DISTRICT COUNCIL**



**ANNUAL REPORTS**

OF THE

**MEDICAL OFFICER  
OF HEALTH**

AND THE

**SANITARY INSPECTOR**

FOR

**1952**



# **SWINTON URBAN DISTRICT COUNCIL**

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Councillor E. E. SHAW

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### **Medical Officer of Health :**

D. J. CUSITER, M.B., Ch.B., D.P.H., D.T.M. & H.

### **Sanitary Inspector :**

E. ADAMS, Cert. R. San. Inst., M.S.I.A.



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# SWINTON URBAN DISTRICT COUNCIL

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## Annual Report of the Medical Officer of Health for the Year 1952.



Public Health Department,

Dunford House,

Doncaster Road,

Wath-upon-Dearne.

*To the Chairman and Members of the  
Swinton Urban District Council.*

Mr. Chairman, Madam and Gentlemen,

I have the honour to present to you the Annual Report on the health of the district for the year ending 31st December, 1952.

The general health of the district is maintained at a good standard. The infant mortality rate of 34 per 1,000 remains at a higher level than I would like to see it but this rate is mainly due to congenital deformities and, to a lesser degree, to prematurity, conditions not easily controlled although prematurity can be prevented. I am pleased to report that there was again no maternal mortality, in fact there has been none for the past eight years.

The district was remarkably free from major infectious disease; in the course of the year a total of only 57 cases of notifiable infectious disease. The year was noteworthy because of the visit of the Mass Miniature X-ray Unit for public and works sessions. Three cases of active Tuberculosis were discovered as a result and five remain under observation.

In the course of the year you, as a housing authority, opened your 500th post-war house; housing and health are like peace and war, indivisible. Good housing makes for happy citizens, and tends to relieve family doctors and hospitals by preventing many illnesses from assuming the grave proportions that they could assume in conditions of gross over-crowding and substandard housing.

In the course of the year a long standing smoke nuisance at Kilnhurst was effectively abated and progress was made which promises to abate smoke nuisances in other factories in that area.

The clinic at Kilnhurst, opened last year, has been an unqualified success.

I thank the members of the Council for their continued interest in the health of the district. I also thank the Council Officials and Mr. Adams, your Sanitary Inspector, and all my Health Staff and the Family Doctors of the district, whose assistance and co-operation are of the greatest value to my work.

I remain,

Your obedient Servant,

D. J. CUSITER,

*Medical Officer of Health.*

## Section A.

### NATURAL AND SOCIAL CONDITIONS OF SWINTON URBAN DISTRICT.

Area (in acres) .. .. .. .. .. .. ..	1,718
Population (Census 1931) .. .. .. .. .. ..	13,820
Registrar General's Estimate of Resident Population, mid-1952	12,110
Natural Increase of Population .. .. .. .. ..	82
Number of Inhabited Houses (Census 1931) .. .. ..	3,360
Number of Inhabited Houses (31st December, 1952)	3,650
Nett Product of a Penny Rate .. .. .. .. ..	£159
Rateable Value .. .. .. .. .. ..	£44,964
Height above Sea Level .. .. .. .. .. ..	50—325 ft.
Rainfall for Year .. .. .. .. .. ..	20.28 in.

Swinton is fortunately situated, being surrounded on all but one side by open country. Advantage has been taken of this in the planning of the new housing estates where natural features such as the Creighton Woods have been incorporated with the plan. These woods and similar areas in the district are under a Tree Preservation Order so that their beauty may be enjoyed by all.

The main industries in the district are coal mining, railway repair workshops, manufacture of glassware, fire grates, steel, household electrical appliances, chemical by-products of coal, and agriculture. In the major industries there was no unemployment in the year but at one period there was unemployment and short time working in the factory producing household electrical appliances; at the same time there was a recession in the wool trade elsewhere in the West Riding and, owing to this, the female workers had difficulty in finding alternative employment.

## COMPARATIVE VITAL STATISTICS FOR 1952.

		1952	1951	Eng. & Wales 1952
Live Birth Rate per 1,000 population:				
Crude .. .. ..		16.93	17.38	—
Adjusted .. .. ..		17.44	17.90	15.3
Stillbirth Rate per 1,000 population ..		0.58	0.17	0.35
Death Rate per 1,000 population:				
Crude .. .. ..		10.16	11.34	—
Adjusted .. .. ..		11.48	12.81	11.3
Infant Mortality Rate per 1,000 live births .. .. ..		34.15	33.82	27.6
Neo-Natal Death Rate per 1,000 live births .. .. ..		14.63	24.15	—
Maternal Mortality Rate per 1,000 births		Nil	Nil	.72

## VITAL STATISTICS FOR 1952 IN DETAIL.

		Males.	Females.	Total.
Live Births:	Legitimate .. ..	90	107	197
	Illegitimate .. ..	4	4	8
				— —
Total Live Births .. .. ..				205
Stillbirths:	Legitimate .. ..	3	4	7
	Illegitimate .. ..	Nil	Nil	Nil
Deaths of Infants under one year:				
	Legitimate .. ..	4	3	7
	Illegitimate .. ..	Nil	Nil	Nil
Deaths: All ages .. .. ..		66	57	123

### Stillbirths :

Rate per 1,000 births .. .. ..		34.15
Comparability Factors:		
Births .. .. ..		1.03
Deaths .. .. ..		1.13

### Deaths from Puerperal Causes :

	Deaths.	Death Rate per 1,000 births.
Puerperal and Post-Abortive Sepsis ..	Nil	Nil
Other Maternal Causes .. ..	Nil	Nil

### Death Rate of Infants under 1 year of age :

All infants per 1,000 live births .. .. ..		34.15
Legitimate infants per 1,000 live births .. .. ..		34.15
Illegitimate infants per 1,000 illegitimate live births ..		Nil
Neo-Natal death rate .. .. ..		14.63

### Causes of Death in 1952.

	Males.	Females.
1. Tuberculosis (Respiratory) .. .. ..	—	1
2. Tuberculosis (Other) .. .. ..	1	—

3.	Syphilitic disease	..	..	..	—	—
4.	Diphtheria	..	..	..	—	—
5.	Whooping Cough	..	..	..	—	—
6.	Meningococcal infections	..	..	..	—	—
7.	Acute Poliomyelitis	..	..	..	1	—
8.	Measles	..	..	..	—	—
9.	Other infective and parasitic diseases	..	..	..	—	—
10.	Cancer of Stomach	..	..	..	1	5
11.	Cancer of Lung or Bronchus	..	..	..	2	—
12.	Cancer of Breast	..	..	..	—	1
13.	Cancer of Uterus	..	..	..	—	1
14.	Other Cancer or Lymphatic Cancer	..	..	..	7	3
15.	Leukaemia or Aleukaemia	..	..	..	—	—
16.	Diabetes	..	..	..	—	—
17.	Vascular lesions of nervous system	..	..	..	7	8
18.	Coronary disease or Angina	..	..	..	7	6
19.	Hypertension with heart disease	..	..	..	—	—
20.	Other heart disease	..	..	..	7	10
21.	Other circulatory disease	..	..	..	4	3
32.	Influenza	..	..	..	1	—
23.	Pneumonia	..	..	..	1	6
24.	Bronchitis	..	..	..	12	4
25.	Other diseases of the respiratory system	..	..	..	1	2
26.	Ulcer of the Stomach and Duodenum	..	..	..	1	1
27.	Gastritis, Enteritis and Diarrhoea	..	..	..	—	—
28.	Nephritis or Nephrosis	..	..	..	—	—
29.	Enlarged prostate	..	..	..	1	—
30.	Pregnancy, childbirth or abortion	..	..	..	—	—
21.	Congenital malformation	..	..	..	—	2
32.	Other defined or ill-defined diseases	..	..	..	11	2
33.	Motor vehicle accidents	..	..	..	—	1
34.	All other accidents	..	..	..	1	1
35.	Homicide or operations of war	..	..	..	—	—
36.	Suicide	..	..	..	—	—
Total—All causes					66	57

There were two fewer live births than in 1951 and as a consequence a corresponding fall in the birth rate but this remains higher than that for the country as a whole. There was no maternal death, nor was there any death associated with childbirth or lying-in. There were seven infant deaths, that is under one year of age, the very same as in the previous year. Of these deaths three occurred within the first twenty-eight days of life and, therefore, the neo-natal death rate for 1952 is considerably lower than for the previous year when five children died in the first month. There were no deaths of illegitimate infants. The main causes of death are malignant disease, strokes, coronary heart disease, heart disease in general and bronchitis. With the exception of bronchitis and coronary heart disease all these diseases are common causes of death in the elderly and these statistics reflect the large number

of elderly people in the district. They also tend to indicate, of course, that after the first year of life the chances of survival to a ripe old age are getting better every year.

### **Deaths of Infants under one year of age, 1952.**

	<i>Cause of Death.</i>	<i>Age.</i>	<i>Died at</i>
(1)	Asphyxia due to smothering .. ..	3 months	Home
(2)	Atelectasis of lungs .. ..	2 days	Home
(3)	Acute Bronchitis and prematurity ..	2 months	Hospital
(4)	Asphyxia due to congenital atelectasis of lungs .. .. .. ..	2 days	Hospital
(5)	Congenital malformation of heart ..	1 month	Hospital
(6)	Pneumococcal meningitis and hydrocephalus, with Meningocele .. ..	7 months	Hospital
(7)	Haemolytic disease of the newborn ..	1 day	Hospital

### **Causes of Death of Infants.**

One death was due to infection associated with prematurity. Two were due to respiratory failure owing to defective lung function and occurred within 48 hours of birth. One was due to prematurity associated with disturbance of the blood function. Two died from congenital disease and another with infection of a meningocele, present at birth. One was due to asphyxia and was the subject of a coroner's inquest. Deaths from prematurity and congenital defects still form the major causes of infant death in the district. Prematurity can be caused by many factors, defective nutrition of the mother; multiple pregnancy; ill health of the mother; overwork, particularly in the last two months of pregnancy, and too frequent pregnancies; these are amongst the known causes. Congenital defects may arise from a variety of causes but in many cases no explanation can be given.

## **Section B.**

### **GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.**

#### **Hospital Services.**

Swinton is in the Sheffield Regional Hospital Board area. Rotherham and Mexborough Hospital Management Committee provide services in the area.

General Hospitals are:

- (a) Moorgate General Hospital, Rotherham.
- (b) Doncaster Gate Hospital, Rotherham.
- (c) Montagu Hospital, Mexborough.

In Special Cases patients may be referred to hospitals outside the area, e.g. Sheffield.

Geriatric Hospital,

Badsley Moor Lane, Rotherham.

A unit has been established here for the rehabilitation of aged sick. Admission to this hospital is invariably through Moorgate General Hospital where the selection of suitable cases is made. This unit is doing invaluable work for the aged sick.

### **Infectious Disease.**

Wath Wood Isolation Hospital is now a tuberculosis sanatorium. Cases of infectious disease go to Kendray Isolation Hospital, Barnsley, with the exception of Poliomyelitis and Smallpox which are admitted to Lodgemoor Hospital, Sheffield.

### **Maternity Hospitals.**

The following hospitals cater for midwifery in cases where hospital care is considered desirable:

- (a) Montagu Hospital, Mexborough.
- (b) Moorgate General Hospital, Rotherham.
- (c) Listerdale Maternity Home, Rotherham Rural District.
- (d) Hallamshire Maternity Home, Chapeltown.

The Jessop Hospital, Sheffield, admits special cases.

### **Mental Hospitals.**

Cases of mental illness are sometimes accommodated for observation at Moorgate General Hospital. The Middlewood Hospital, Sheffield, admits the majority of our cases for treatment.

### **Tuberculosis Sanatoria.**

Cases are admitted to sanatoria by arrangement with Dr. F. C. N. Holden, Chest Clinic, Exchange Buildings, Market Street, Mexborough.

### **Children's Hospital—Special Cases.**

Sick Children's Hospital, Western Bank, Sheffield.

### **Venereal Diseases.**

Diagnosis and treatment is carried out at the special treatment centre, Queens Road, Barnsley, or at 12 Frederick Street, Rotherham, or at centres elsewhere. There is absolute freedom in the choice of centre and treatment is confidential. A Social Worker assists in tracing contacts. The incidence of Venereal Diseases is negligible. In the course of the year posters have been distributed for display in all factories in the area, with the addresses of the local treatment centres superimposed.

### **Ambulance Service.**

The division is covered by the County Ambulance Service operating from a depot at Dunford House. The service is under the control of a separate department and the Depot Superintendent is Mr. F. Hyde. Considering the vast number of patients carried in a year, in my opinion the service given is efficient. Patients sometimes express surprise when

going to or coming from hospital, that they are asked to share an ambulance with other cases. If this practice was not universally adopted throughout the country, it would need an enormous increase in the number of ambulances required for out-patients alone; and these ambulances would stand empty for the remainder of the day. Accidents and emergencies are of course in a different category altogether and for these an ambulance turns out at once. Considerable alterations in the layout of the depot are planned and when these are completed it should be one of the finest depots in the south of Yorkshire. A wide range of first-aid equipment is carried in each vehicle and a smaller range in the vehicles for sitting cases. Full scale equipment includes sterilised wound and burn dressings, roller bandages, triangular bandages, splints of assorted sizes, maternity outfits, dressing bowls, scissors, forceps, safety pins, disinfectant, bedpans, urinals, resuscitation apparatus for asphyxiated cases, sal-volatile and tourniquets. All drivers and attendants are trained in first aid and a proportion of them also hold a St. John's Ambulance Certificate in Home Nursing.

### Laboratory Service.

The Public Health Laboratory, Wakefield, carries out bacteriological examination of specimens. The advice of the director, Dr. H. T. Findlay, is freely available to Divisional Medical Officers on problems of control of infectious disease from the laboratory viewpoint. In addition the bacteriological purity of water, milk, ice cream, foodstuffs, etc., can be estimated in the laboratory. Another most valuable service in an industrial area is the determination of the amount of haemoglobin in the blood of expectant mothers attending our ante-natal clinics. Where the mothers are receiving an inadequate diet, particularly in iron, this haemoglobin level will be low and steps can be taken to raise it before the baby is born. Grouping of blood for blood transfusion is carried out on all mothers attending our ante-natal clinics by the Regional Blood Transfusion Centre, Sheffield.

### Infectious Diseases by Wards.

Ward.	Measles.	Whoop. Cough.	Erysipelas.	Dysentery.	Pneumonia.	Scarlet Fever.	Polio- myelitis.	Totals.
Park ..	22	6	—	1	2	2	1	34
Central ..	3	2	—	—	1	—	—	6
Swinton Bridge ..	6	1	—	—	—	—	—	7
Kilnhurst ..	3	2	3	—	—	2	—	10
Totals ..	34	11	3	1	3	4	1	57

The area was remarkably free from the major infectious diseases.

### Diphtheria.

No case of Diphtheria was notified. Diphtheria is of course still a killing disease when it arises, and the only sure means of preventing the disease is by immunisation in infancy, followed by a booster dose at school entry and at transfer to secondary school.

## Poliomyelitis.

Only one case was notified; paralysis was exceedingly severe and resulted in the death of the child in Lodgemoor Hospital. Poliomyelitis is usually widespread in a community when a severe case occurs and as only one case came to notification experience would suggest that there were several transient cases occurring in the district at the same time where the symptoms were of such a slight nature that little inconvenience to the individual would be caused.

## Measles.

The extensive outbreak of the previous year continued and died out in March; the disease was mild. Modern drugs have robbed Measles of one of its greatest complications—Broncho pneumonia.

## Scarlet Fever.

Only four cases of Scarlet Fever occurred in the district during the year.

## Whooping Cough

Only eleven cases of Whooping Cough were notified. In January of the year the County Council adopted a scheme of Whooping Cough immunisation. This can be offered free to children up to the fourth birthday. The combined vaccine is not at present used and this means that immunisation should be begun early, after the third month. Children below six months of age are often attacked by Whooping Cough and about half of the mortality of the disease occurs in the first year of life so that Whooping Cough immunisation should be completed at the very earliest opportunity after the third month.

## Ophthalmia Neonatorum.

There were no cases notified.

## Tuberculosis.

### Number on Register at 31st December, 1952.

			Males.	Females.	Total.
Pulmonary	..	..	33	30	63
Non-Pulmonary	..	..	12	10	22
Totals	..	..	45	40	85

### Number removed from Register during 1952.

		Pulmonary.		Non-Pulmonary.		
		Males.	Females.	Males.	Females.	Total.
Deaths	..	..	..	—	1	1
Others (Transfers, cured, re-diagnosed, etc.)	..	3	—	—	—	3
Totals	..	3	1	1	—	5

## Additions to Register during 1952.

	Pulmonary.	Non-Pulmonary.				Total.
	Males.	Females.	Males.	Females.		
New notifications ..	6	4	—	1		11
Others (restored, transfers in, etc.) ..	—	—	1	—		1
Totals	6	4	1	1		12

## New Notifications—Pulmonary.

Age Groups.				Males.	Females.
0—5 years ..	..	..	..	1	—
5—15 ,,	..	..	..	1	—
15—25 ,,	..	..	..	—	3
25—35 ,,	..	..	..	—	1
35—45 ,,	..	..	..	4	—
Totals ..	..	..	..	6	4

## No. of Contacts given B.C.G. Vaccine = 4.

	1952 Swinton.	1951 Swinton.	1952 Eng. and Wales.
Tuberculosis Death Rate ..	0.17	0.76	0.24

## Mass Radiography—Queen Street, Swinton.

Details of survey held at Queen Street School, Swinton, in August.  
Number examined .. .. .. .. .. .. 1,006

## Abnormalities discovered.

Tuberculosis—Active ..	..	..	..	..	..	..	3
Inactive ..	..	..	..	..	..	..	5
Other ..	..	..	..	..	..	..	17*
Total ..	..	..	..	..	..	..	25

## \*Classification of Abnormalities—non-tuberculous.

Condition.				Number.
Chronic Bronchitis and emphysema ..	..	..	..	2
Pneumonia (non-tuberculous) ..	..	..	..	—
Bronchiectasis ..	..	..	..	—
Pulmonary Fibrosis ..	..	..	..	1
Pneumoconiosis ..	..	..	..	5
Pleural Thickening ..	..	..	..	1
Cardiovascular lesions—acquired ..	..	..	..	4
Enquiries not completed ..	..	..	..	4
Total ..	..	..	..	17

Tuberculosis is a disease which often begins in the 20-30 age group and if untreated eventually produces severe crippling and death. Untreated cases are dangerous because they may give rise to a wide spread of the disease. As soon as a case comes to notification all measures can be taken to have the case treated; all contacts examined and treated if necessary and in addition regular visits can be made to the household and arrangements made for special nutrition and if necessary segregation. All these measures rest on detection and notification of the case; if detection or notification are faulty the patient is not given a fair chance. Mass Miniature X-ray is one of the means of detecting early cases of Tuberculosis and thereby is a help in limiting the spread of the disease. All chronic bronchitics in a mining area, in my opinion, should avail themselves of mass miniature X-ray. The results of a survey are shown above and can be regarded as reasonably satisfactory when it is remembered that units had previously visited both Manvers Main and Wath Main, Mexborough, and the General Electric Company's Works. For young children who may be contacts there is a simple skin test which consists of applying a little jelly on the surface of the skin. This is covered up with a plaster and examined several days later; if there are some little blisters on the skin it means that that patient has been exposed to Tuberculosis, it does not mean that they have Tuberculosis. If the tests are positive it is wise then to have the child thoroughly examined and perhaps X-rayed. At the present moment only contact children are so treated but we are also skin testing all school children who have repeated absence from school due to chest conditions. In the near future, with the parents' consent, we hope to start skin testing all school entrants.

Nurse Dodds, our Tuberculosis Health Visitor, is the link between Dr. Holden, the Chest Physician, and the Medical Officer of Health and excellent co-operation exists between the two authorities. We no longer issue sputum mugs which have to be disinfected, etc., we now issue waxed containers with a lid. These are made of paper and are distributed free to all cases and are destroyed by burning in the fire. There is no delay in obtaining sanatorium accommodation and we are privileged to have access to a certain number of beds in Wath Wood hospital for some of our cases. The crux of the whole future control of Tuberculosis lies in early detection of the disease and consequent early treatment. It is for this reason that I stress the fact that chronic bronchitics should be X-rayed even if they appear to be in reasonable health, as they may be cases of the chronic fibroid type of the disease. These are recognised as being most dangerous from the point of view of spreading tuberculosis. I would like to thank the Council for housing active cases and would remind them that this is asked for not to cure the individual case, but to limit the spread of the disease; this being one of the duties of a Sanitary Authority.

#### **Section 47, National Assistance Act, 1948.**

This provides for the removal to suitable premises of persons in need of care and attention. No action was taken in the district in 1952.

## Sanitary Circumstances of the Area and Housing.

**Sewage Works.**—Extensions to existing sewers have been made where necessary in connection with the new housing estates.

**Water Supply.**—An adequate supply of water is not available within the district and additional water has to be obtained from Sheffield and the Urban District of Wath-on-Dearne; the present position is unsatisfactory and causes concern every summer. Attempts have been made at various times to obtain other supplies within the district but none of these attempts have been successful.

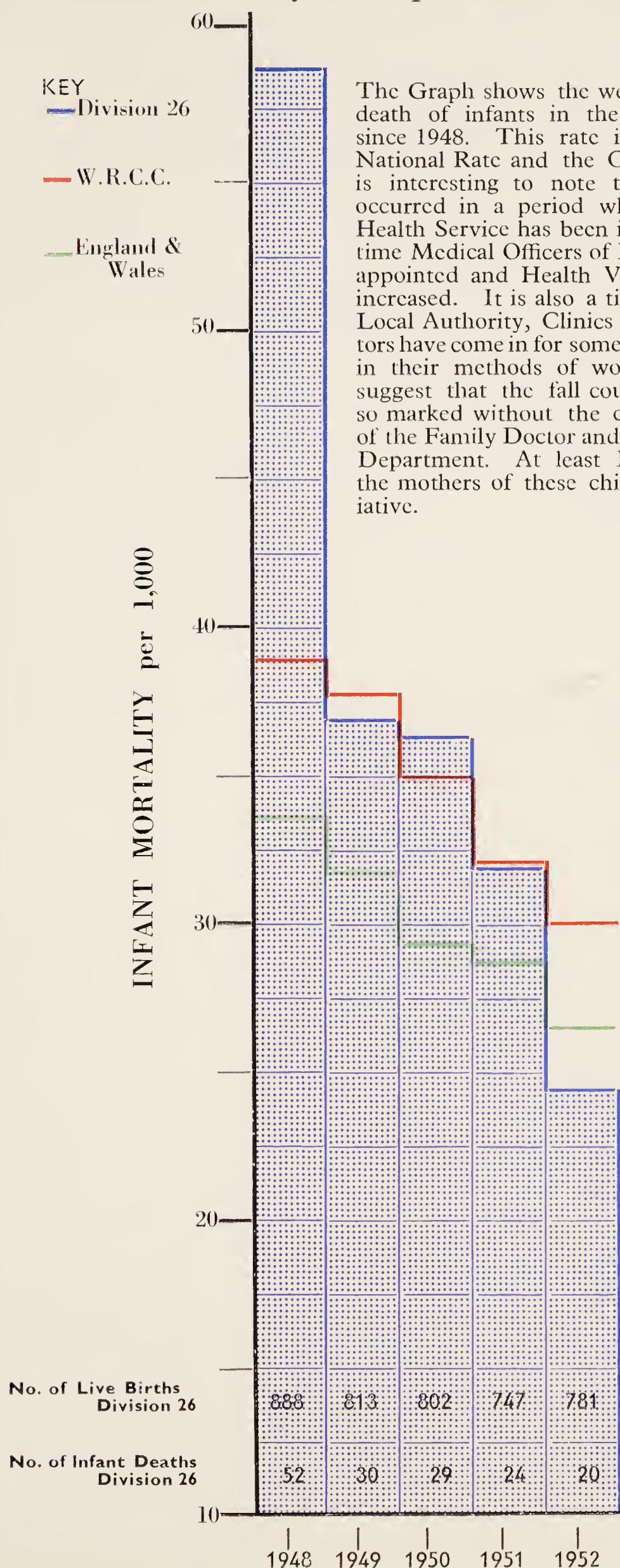
In the Sanitary Inspector's report attention has been drawn to the defective supply at a block of property in the area. This defective supply resulted in hearings at the local magistrate's court and at the West Riding quarter sessions. This defective supply may be caused by manganese, which is present as a naturally occurring substance, settling in the service pipes. As this is a naturally occurring substance and is not harmful to health the Council have been advised that they are under no obligation as a water authority to remove it. I would like to thank the Water Engineer and the Sanitary Inspector for their great assistance in the collection of the evidence and the preparation of the case. The present position is unsatisfactory.

**Housing.**—Satisfactory progress is being made in the rehousing of the population of the district and in the course of the year the 500th post-war house was opened by the Rt. Hon. Wilfred Payling, M.P. I would like to congratulate the Council and their Surveyor on the excellent design of their new estates, particularly as regards the incorporation of natural features and the provision of excellent shopping facilities. During the year 93 houses were built for the Urban District Council and 3 for private owners. I am pleased to report that you as a Council have accepted the idea that bungalows are not necessarily restricted to old age pensioners and can be let to others according to housing needs. This makes for a more economic use of the Council's property.

**Smoke Abatement.**—Your Sanitary Inspector has drawn attention to the fact that in the course of the year, at a factory in the Kilnhurst district, furnace exhaust gases were discharged into an 80 ft. stack thereby removing a nuisance that had existed over a period when they had been discharged at a level of twelve feet. Pollution of the atmosphere in industrial areas is a matter which, with the present ineffective legislation, can only be dealt with by the co-operation of those producing the pollution. Boiler furnaces of all types can be adapted or altered to burn without producing smoke. This has been proved over and over again, not only in this country but in other countries, and we shall suffer smoke nuisance only as long as the general public is willing to put up with it. It is smoke pollution that causes industrial areas to be dingy and unattractive and this is often justified by the old saying that where there is muck there is money; there is no need for the muck if a little of the money that is made is put into efficient plant. The worst offenders are those who are working with out of date boilers and inefficient stoking methods. They not only make life a burden for all who

have to live within a radius of the factory but they also waste coal in excessive quantities. It is as important to the welfare and health of the people that they should have clean air to breathe as well as clean food and clean water to eat and drink.

# Infant Mortality Rates per 1,000, 1948 to 1952



The Graph shows the welcome fall in the death of infants in the Health Division since 1948. This rate is now below the National Rate and the County Rates. It is interesting to note that this fall has occurred in a period when the National Health Service has been implemented, full time Medical Officers of Health have been appointed and Health Visitors have been increased. It is also a time during which Local Authority, Clinics and Family Doctors have come in for some adverse criticism in their methods of work. In reply, I suggest that the fall could not have been so marked without the close co-operation of the Family Doctor and the Local Health Department. At least I am certain that the mothers of these children are appreciative.



## PERSONAL HEALTH SERVICES—DIVISION 26.

(Wath, Rawmarsh and Swinton Urban Districts.)

### Summary of Vital Statistics for 1951 and 1952 for Division 26.

						1952	1951
Area of Division	...	...	...	...	...	7,990 acres	
Estimated Population	...	...	...	...	...	44,760	
Birth Rate (per 1,000 estimated population)	...	...	...	...	...	17.45	17.0
Death Rates (per 1,000 estimated population):							
All causes	...	...	...	...	...	10.21	11.9
Cancer	...	...	...	...	...	1.54	1.33
Heart and Circulatory	...	...	...	...	...	3.84	4.48
Infective and Parasitic Diseases, excluding T.B.						0.11	0.05
Respiratory Diseases	...	...	...	...	...	1.41	1.60
Respiratory Tuberculosis	...	...	...	...	...	0.05	0.29
Other Tuberculosis	...	...	...	...	...	0.02	0.09
All Tuberculosis	...	...	...	...	...	0.07	0.38
Maternal Mortality	...	...	...	...	...	Nil	1.30
Infant Mortality (Rate per 1,000 live births)	...	...	...	...	...	24.33	31.7

### Comparative Table of Statistics for Urban and Rural Districts in the West Riding and England and Wales for 1952.

	Live Birth Rate.	Death Rate.	Infective and Parasitic Dis's. excluding T.B. Death Rate.	Respiratory Diseases Death Rate.	Heart and Circulatory Diseases.	Cancer.	Tuberculosis Death Rate.	Infant Mortality Rate.	Maternal Mortality.
Division 26 ..	17.45	10.21	0.11	1.41	3.84	1.59	0.07	24.33	Nil
U.D.'s in West Riding	15.3	12.1	0.07	1.21	4.66	2.02	0.20	30.1	0.88
R.D.'s in West Riding	15.8	9.8	0.06	1.01	3.53	1.66	0.18	29.8	0.57
Administrative County	15.4	11.5	0.07	1.15	4.35	1.92	0.19	30.0	0.80
England and Wales ..	15.3	11.3	*	*	*	1.99	0.24	27.6	0.72

\* Figures not available.

Our vital statistics for the health division are an improvement on the previous year. There was no maternal death throughout the division and for the first time the infant mortality rate was lower than the national average; incidentally it was also lower than the average rate for West Riding Urban Districts and Rural Districts and the County Rate. This is a matter for some congratulation when one considers that it means that a child born in this industrial area of S. Yorks. has a better chance of surviving the first dangerous year of life than it would have in many other parts of the country more fortunately situated.

## **Home Nursing Service, Division 26.**

The staff consists of six full-time home nurses and three part-time home nurses. This service is available free of charge to all sick people, including children, who are being looked after at home. The Family Doctor should make the initial request for the attendance of the home nurse. A stock of equipment is maintained at Dunford House and if any item is not in stock it can be obtained with minimum delay from the county pool. The equipment is lent free of charge but remains the property of the county council; Dunlopillo mattresses, hair mattresses, air beds, Sorbo mattresses, folding wheel chairs, as well as such personal items as bed pans, urinals, air rings, bed rests, etc., are the types of equipment that are on issue. The Home Nurse has two major duties now, one being to look after the ever increasing number of aged sick and the other the injection of modern drugs such as penicillin and streptomycin. Without the assistance of the Home Nurse and Home Help many more of our aged sick would require admission to hospital.

In June the old Queen's Nurses Home in Vesey Street, Rawmarsh, ceased to exist as a nurse's home; it was meant to accommodate five nurses and a superintendent and at the time of its closure there was only one nurse in residence. Public health nurses and in fact nurses of all categories will no longer accept the regimentation and continuous discipline of institutional life and it had been impossible to get staff to reside in the home; in fact one nurse was dismissed because she refused to live there. The superintendent of the home, Miss Welton, the last of a number of extremely able and competent nurses who had acted in the capacity, obtained an appointment with the Regional Hospital Board and the County Council decided that owing to the high cost of maintaining the home it should be converted into two self-contained flats. This has been the County Council's policy throughout the West Riding, and Rawmarsh has proved no exception to the general trend. The majority of Midwives in my division and a large proportion of my Health Visitors and Home Nurses are now married women, and whilst it is desirable that they should live in the district where they are employed, this is only possible if they can get accommodation within the district; where accommodation of a non-institutional nature is offered with an appointment it is easy to fill the vacancy, but where no accommodation is offered the reverse is the case. The work of a nurse in South Yorkshire is exceedingly heavy and arduous compared to many other areas in the country, and for that reason, apart from the general shortage of nurses, we have difficulty in obtaining suitable recruits.

The close contact with the National Assistance Board, Hospitals and Family Doctors in the area has been maintained and this has a particular bearing on home nursing. I would also like to thank the trustees of the Swinton and District Nursing Association for their great assistance, financial and otherwise, to the aged sick of Swinton. The number of visits by Home Nurses during the year was 22,526 and 845 individual cases were assisted. Apart from the fact that I would like to see more of the Home Nurses resident in the area where they are employed, I am satisfied with the service and consider their work to be of great assistance to the citizens of the division.

## Infant Welfare and Health Visiting Service.

### Infant Welfare Centres.

Centre.	Doctor in Charge.	No. of individual children who attended during the year.	Total No. of attendances made by children in previous column during the year.	
			Under 1 yr. of age.	Over 1 yr. of age.
Wath ..	Dr. G. J. O'Keeffe	226	1725	407
West Melton ..	Dr. G. J. O'Keeffe	205	1679	616
Swinton ..	Dr. I. Campbell	429	2884	862
Kilnhurst ..	*	150	764	574
Rawmarsh ..	(*)	348	1560	897
Parkgate ..	Dr. M. R. Menzies	88	547	227
Totals ..		1446	9159	3583

\* Kilnhurst: Dr. H. Adam .. 1st January to 20th February.  
                   Dr. M. Burton .. 27th February to 5th November.  
                   Dr. J. Core .. 12th November to 31st December.  
 (\*) Rawmarsh. Dr. H. Adam .. 1st January to 19th February.  
                   Dr. J. Core .. 26th February to 31st December.

### No. of Home Visits made by Health Visitors within the Division during the Year :

			First Visits.	Total Visits.
Expectant Mothers	...	...	110	192
Children under 1 year	...	...	796	7667
Children between 1 and 5	...	...	218	10387
Other Cases	...	...	699	4174
Totals	...	...	1823	22420

The staff consists of 8 fully qualified Health Visitors and 1 Assistant Health Visitor. We have been very fortunate in maintaining the staff up to its full establishment. In every instance a Health Visitor is also employed as a School Nurse. One Assistant Health Visitor proceeded on a 9 months training course at Leeds University; this is the third Health Visitor we have recruited and trained in the past three years. It has been my policy as far as possible to relieve Health Visitors of all their clerical work so that their time will be devoted to duties for which their nursing qualifications is necessary. No food is sold by Health Visitors in my division with the exception of a small clinic at Parkgate; in all the other clinics the food is sold by clerical staff who go out from Dunford House and as the total value of the food sold in the year is £2,000 this obviously is no small item. The new centre, which was opened at Kilnhurst in the previous year, is now well established and has fulfilled a long felt want in that part of the Swinton district.

Some people, including some medical specialists, admittedly with no working knowledge of Public Health as a profession, have suggested that the need for Child Welfare Clinics is gone, now that every child has a right of access, without payment, to a family doctor; or, alternatively, that if child welfare clinics are to continue they do not require a doctor on the staff, as mothers can be advised by the Health Visitor. Both of these suppositions are entirely false, at least in so far as this

part of South Yorkshire is concerned; no treatment is carried out at the Infant Welfare Centres but the mother is advised on the correct feeding and adequate management of her child. This advice takes a long time to give, and furthermore the home has to be visited afterwards to see that the advice is being carried out; because, we all know how easy it is to give advice, but it does not follow that the advice will be acted upon afterwards. As long as there is a greater infant mortality rate amongst children of different social classes and amongst children of industrial areas as compared with urban and rural areas, so long will there be a continued need for Child Welfare Centres. The average Family Doctor in South Yorkshire is so busy trying to cope with ordinary sickness that he would have difficulty in finding time to devote to the instruction of a young mother on the healthy upbringing of her child.

The critics of the Child Welfare Centres are on much surer ground when they say that there should be closer contact between the Health Visitor and the Family Doctor. The Family Doctor can get as much assistance from the Health Visitor in dealing with sickly children, or children who are generally under par from the health point of view, as he can from the service of Midwives or Home Nurses, with whom he is probably more closely in contact because they actually treat cases, but there is nothing to prevent a Health Visitor assisting the Family Doctor with a case at the Family Doctor's instructions; but the instruction must come from the Family Doctor. I advise all my Health Visitors that there is little point in complaining to the Medical Officer of Health that such-and-such a baby is sickly; that information should be given verbally by the Health Visitor to the Family Doctor who is responsible for the treatment of the child. It will take time for this sort of co-operation to be established and many of our Family Doctors are using the services of the Health Visitor to a much greater extent than in the past. The closer the co-operation between the Family Doctor and the Health Visitor the greater will be the advantage to the patient and that surely should be the aim of any Health Service whether it is administered by the Local Health Authority, the Regional Hospital Board or Local Executive Council. This fact unfortunately is often overlooked.

There is one other point about Infant Welfare Centres: in the old days these Centres were regarded as places where babies were weighed; we have gone a long way from that now, and I am all against weekly weighing which is a waste of time; monthly weighing is all that is required if a baby is thriving. More frequent weighing is necessary where a baby is not making adequate progress. The main feature of all centres should be advice, on the widest scale, on the healthy care of children. There is plenty of room for improvement in child care although the standards are much higher than they were even a few years ago.

As a continuation of this health education we were able to give instruction in several of the Secondary Modern Schools on health education and mother craft. This could be a very fertile field but it will require equipment which we do not possess and which we are at present unable to obtain; however we are doing our utmost in the hope that we may obtain the necessary equipment and shall thus have a clear idea of how to go ahead.

Dr. Helen Adam, who was in charge of the centres at Rawmarsh and Kilnhurst, resigned her appointment as she was proceeding to New Zealand with her husband. Dr. Jessica Core was appointed at Rawmarsh in her place. Dr. Mary Burton was appointed at Kilnhurst. Dr. Burton later resigned to take up a full-time appointment in the West Riding and Dr. Core took over Kilnhurst clinic. Attendances at the centres remained satisfactory but it must be remembered that the mothers who come to the clinics are the mothers who will look after their children well, and the ones that medical officers get anxious about are those who do not bother to attend. Consequently we are carrying out more home visiting. In Rawmarsh the Health Visitors in addition to their ordinary work also complete quarterly reports on all those persons on the Tuberculosis register. These reports are forwarded to the Chest Physician, Dr. Morrison, so that he may have accurate information about the home conditions of each of his patients.

### Maternity Services.

#### BIRTHS.

	Domiciliary.	Institutional.	Proportion of Domiciliary to Institutional.
Wath ...	... 196	63	3 : 1
Swinton ...	... 128	84	3 : 2
Rawmarsh ...	... 153	178	7 : 8

#### ANTE-NATAL CLINICS.

Clinic.	Doctor in Charge.	No. of women who attended.	No. of women who attended for blood exam. only.	Total No. of attendances made by women.
Wath ..	Dr. D. Chapman	98	54	685
Swinton ..	Dr. H. H. Smith	166	—	665
Rawmarsh ..	Dr. D. Pindar	49	102	267
Rawmarsh (Midwives, Barber's Av.)	Midwives only in attendance	230	—	842
Totals ..		543	156	2459

#### POST-NATAL CLINICS.

(Held jointly with Ante-Natal Clinics.)

Clinic.	Doctor in Charge.	Number of women who attended.	Total No. of attendances made by women.
Wath ..	Dr. D. Chapman	59	60
Swinton ..	Dr. H. H. Smith	55	61
Rawmarsh ..	Dr. D. Pindar	11	19
Totals ..		125	140

## **Maternity Services—Division 26.**

There was no maternal death in the division for the year; this is the first time there has been a "nil" return since 1949, a most satisfactory result and it was achieved in the face of major difficulties in the service, particularly in the Rawmarsh district. These difficulties necessitated the opening of two sessions at the clinic which were attended by midwives only; these sessions were particularly well attended. The service offered is as complete as any service in the country, and covers blood examination for haemoglobin, Kahn and rhesus factor, and blood transfusion grouping. That this service is valued by the general practitioners is proved by the number of women who attended for blood examination only.

As far as possible I have requested that all attendances be by appointment, as I can see no merit in a mother having to sit in an ante-natal clinic for hours before she is examined. If more than three mothers are waiting at any time there is something wrong with the clinic arrangements. Gross attendances were higher than in the previous year, particularly at Wath and Rawmarsh. The closest liaison is maintained with the Family Doctor in all cases, whether a mother intends to be confined at home or in hospital.

Our Midwives are repeatedly sent on refresher courses; one Midwife attended a course at Birmingham on the Care of Premature Infants; another attended a West Riding course at Grantley Hall on Relaxation in Childbirth and a third a refresher course at Chorley. Every midwife is trained in the use of gas and air, and a great majority in the use of Pethidine, a drug used for the relief of pain, which can be combined with gas and air.

The same number of mothers attended for post-natal examination as in the previous year. It is a great pity that we cannot get more mothers to attend for this post-natal examination. If they could only realise that their whole future health may depend on adequate treatment of abnormalities discovered soon after childbirth, a greater number would take advantage of this.

The proportion of home confinements continues to increase in Wath, where three mothers were confined at home for every one in an institution. In Swinton three were confined at home for every two in an institution, but in Rawmarsh only seven were confined at home for every eight in hospital. The proportion of domiciliary to institutional confinements is largely governed by adequacy or otherwise of the housing position. Where homes are overcrowded priority is given by the Medical Officer of Health for admission to hospital; priority is also given for first confinements; no priority whatsoever is given where home conditions are suitable, and where there are no obstetrical reasons for admission. This scheme, which was initiated by the Ministry of Health, works in a most satisfactory manner, but it is worth recording that there has been considerable strain on hospital admission for midwifery cases, and this is demonstrated by the fact that 74, that is 22%, of mothers were discharged from hospital before the 14th day and

were visited by the midwife at home. Thus in some cases the mothers who have been given priority for hospital confinement owing to unsuitable conditions, are being returned before the 14th day to their homes and the same unsuitable conditions, because the hospitals are overcrowded. However, as housing improves every year in the division so will there be a reduction in the excessive admission to hospital on social grounds—only another example of that well known fact that good housing reduces the need for our hospital beds.

### PREMATURE BIRTHS.

District.	Born Alive.			Still-born.			No. Rem. to Hosp. after Birth.	No. who survived 28 days.		
	At Home	In Hosp.	Total.	Home	Hosp.	Total.		Born at Home.	Born in Hosp.	Total.
Wath ..	6	4	10	—	1	1	—	6	4	10
Swinton ..	5	7	12	3	—	3	—	5	6	11
Rawmarsh ..	11	11	22	—	5	5	1	10	8	18
Totals ..	22	22	44	3	6	9	1	21	18	39

**Premature Births.**—Premature births are a potent cause of death in the neo-natal period, i.e. the first 28 days of life. For this reason special attention is given to the welfare of premature children who happen to be born at home and come under the care of the family doctor and midwife. The majority of our midwives have been instructed in the care of premature babies at the Sorrento Maternity Institution, Birmingham, and out of 22 premature infants born alive at home, only one died within the first 28 days of life; a most satisfactory result. Special cots are maintained at Dunford House for nursing such babies and these are delivered at any time of day or night by the Ambulance Service. They are completely equipped with oxygen apparatus, hot water bottles and bed linen.

Premature births are practically unknown in the higher income groups; the causes are varied, but amongst them are multiple pregnancy, too frequent pregnancy, ill health of the mother, lack of rest by the mother, particularly in the last three months of pregnancy, faulty feeding habits, and failure to obtain efficient ante-natal care. It will be seen that premature births are only preventable by greater education of the mothers-to-be in these matters.

With the increased survival rate of some very premature children another problem is coming to notice, and that is the fact that some of these children are born blind and remain blind for the rest of their life. The cause of this blindness is at present unknown, but many investigations are proceeding to try and discover the main cause. In order to ensure that premature babies born in the district have every chance of survival, I have issued instructions that every one is to remain under the supervision of the midwife until it has reached the weight of  $5\frac{1}{2}$  lbs. This is to prevent any break in the continuity of care.

## Care of the Unmarried Mother and her Child.

Special care is devoted to this group, because an unmarried mother tends to avoid ante-natal care and making any provision for her confinement, until the very last moment. All such cases are treated with understanding, and where the mother is very young arrangements are made for her to be examined at home and attendance at the centres is not asked for. The assistance of statutory and voluntary organisations is used in dealing with the cases. Miss Spooner, Moral Welfare Worker for the Archdeaconry of Doncaster and Rotherham Moral Welfare Committee, has been of great assistance to us in this direction.

There were 21 live illegitimate births in the division last year and in 16 instances the mother has kept the baby, which is of course the best solution. One infant has been placed in the care of foster parents and in one instance the baby has become legitimate by the marriage of the parents.

Arrangements are made to advise the mother on institutional confinement where this is requested and advice can be given on affiliation orders and arrangements for adoption.

## Domestic Help Service.

This service continues to expand, 254 cases being assisted in the course of the year as against 191 the year before and the amount of hours devoted shows an increase of almost 30%. In the course of the year the establishment was raised from 13 full-time to 14; we employ no full-time Home Helps and consequently we raised the part-time establishment to 34.

During the course of the year only two cases were refused assistance and the refusal was on the grounds that they had relatives at home who were well able to care for the home.

People sometimes ask for a 7-day service because an aged person is lonely. The Home Help Service is primarily meant for keeping the home tidy and preparing food; they undertake no nursing duties but they can carry out duties outside the home. They are not meant as sitters-in to talk to lonely old people. This should be the duty of voluntary organisations. No community can afford to pay for sitters-in at the rate that a Home Help is now paid. The service is an essential one and its value will increase year by year, but it requires careful supervision and all cases must be reviewed periodically and the time allocated revised if necessary. Our Home Helps are an exceedingly kind and efficient group and have in many instances rendered service far beyond what they are obliged to do. It has been the means of saving countless beds in chronic sick accommodation, and a glance at the figures will show that a service which was begun for the confinement of expectant mothers, is now being used mainly for the care of the aged sick and infirm.

There is still a certain amount of misunderstanding about the Home Help Service and infectious cases of Tuberculosis. No one can order a Home Help to look after a case of open Tuberculosis and where assistance is necessary in such households we rely on volunteers.

There is a charge for the service but in the majority of cases where aged people are concerned a "nil" assessment is made. I have been saddened on a few occasions in the course of the year by the refusal of working sons and daughters who are living in the home, to pay any contribution towards the cost of a Home Help, even where the parents may be grievously afflicted; in such cases Home Helps cannot be supplied because all wage earners in the household are assessed according to their earnings, as all will benefit by the services of the Home Help; happily such cases are rare.

### **Divisional Statistics for Domestic Help Service.**

Establishment of Domestic Helps .. ..	14	Full-time.
No. of Domestic Helps employed .. ..	34	Part-time.
Cases provided with Domestic Help during the year ended 31st December, 1952:		
	No. of cases.	Hours.
Illness (excluding aged):		
(a) Tuberculosis .. ..	2	153
(b) Others .. ..	43	7622
Confinements .. ..	90	7298
Expectant mothers .. ..	14	801
Aged:		
(a) Illness .. ..	100	15040
(b) Infirmitiy .. ..	1	250
Children of School Age .. ..	4	488
Totals .. ..	<hr/> 254	<hr/> 31652
	<hr/>	<hr/>

### **MENTAL HEALTH SERVICE.**

#### **Mentally Defective Persons.**

		Rawmarsh.	Swinton.	Wath.	Total.
(1) (a) Total No. .. ..	36	31	39	106	
(b) No. ascertained during 1952 .. ..	—	3	2	5	
(2) (a) No. under Guardianship	2	1	2	5	
(b) No. under Statutory Supervision .. ..	28	26	32	86	
(c) No. under Voluntary Supervision or Observation .. ..	5	4	2	11	
(d) No. on licence from Institutions .. ..	1	—	3	4	

		Rawmarsh.	Swinton.	Wath.	Total.
(3) (a) No. awaiting Institution admission .. ..	6	3	2	11	
(b) No. attending Group Training Classes ..	2	1	3	6	
(c) No. receiving home training .. ..	—	—	2	2	
(d) No. in remunerative employment .. ..	8	6	12	26	

I am pleased to report that the services of a Mental Health Home Teacher were available for those mental defectives who are not bright enough for steady employment and yet are bright enough to attend for group training; this relieves the mother of the considerable strain of caring for the child, and some of the children have made progress in simple handicrafts. The higher grade mental defectives of whom 26 are in steady employment are supervised as occasion demands by our Mental Health Social Worker, Miss Ball. Miss Ball also visits with the Medical Officer of Health all cases under Guardianship. There is still considerable confusion in the lay mind as to the ascertainment of mental defectives. This is the responsibility of the Local Health Authority through the services of the School Health Service and if a child is fit to attend school, ascertainment is usually delayed until the age of 7 or 8, when it is certain that the child has had every chance of proving its capabilities. Extreme cases of course can be certified in early infancy. A very few cases may be able to attend ordinary school until they have reached the school leaving age but are then certified. This is done to ensure protection particularly where problems such as moral danger, etc., arise.

We have a small waiting list of cases who are hoping to be admitted to institutional care. The most urgent of these cases are the lowest grade idiots and imbeciles; these are often beyond any hope of improvement by any means of instruction or treatment known to medical science at present. They cause a grievous blight on the home life of the families that are forced to live with them because they cannot be at present admitted to institutional accommodation. The Sheffield Regional Hospital Board is responsible for admitting these cases to institutions; it is the responsibility of the Local Health Authority to assess their priority. When one considers that there is an urgent waiting list of 1,200 cases in the area of the Sheffield Regional Hospital Board the enormity of the problem can be realised. Until new accommodation is built it would appear that the best we can hope for are death vacancies. That this appalling lack of accommodation exists is probably due to the fact that to have an idiot or an imbecile in the family is looked on as a pretty big skeleton in the cupboard, and the parents don't insist on bringing their tragic plight to the notice of the authorities.

The decision was reached during the year to provide a large occupation centre in the area, possibly to be sited in Wath. This would be a day centre only and is planned to accommodate 100 cases, but this will not help cases who are waiting for institutional accommodation as most of these are so affected that they never leave their own homes.

## CHILDREN LIKELY TO BE NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES.

The Divisional Medical Officer is the appointed Co-ordinating Officer for the investigation of significant cases of Child Neglect or ill-treatment. Meetings are held at Dunford House attended by representatives from every Authority that has any contribution to make. The main value of these is the exchange of accurate information on the family concerned. Naturally, the local Inspector of the N.S.P.C.C., Inspector Coxon, is one of the members attending these meetings. Physical cruelty to children is comparatively rare in the division. I wish we could say the same thing about gross child neglect. This is often exceedingly difficult to discover and once discovered it is often exceedingly difficult to get evidence. We were successful in prosecuting one family where the father and mother were sentenced to three months imprisonment and the children taken into County care. In this case the family had three years previously had their home cleansed and furniture and bedding had been provided.

It is regrettable that parents of such children are put in prison—it has no effect on the welfare of the children nor does it improve the parents. Where physical cruelty is not involved the only hope of improvement is that the mothers should be sent, by sentence of the magistrate if necessary, to a Home with their children where they will undergo compulsory rehabilitation. Grossly neglected children usually have a great bond of affection for their parents because they are the only people who do not shun them or ostracise them. Children who by reason of lack of home care and training are continually dirty and who have never learned adequate toilet and feeding habits become outcasts at school, and this tends to make the bond of affection with one or both of the parents very secure. It is an easy administrative solution to have the care of the children transferred to the Local Health Authority and remove them from their parents, but in a great majority of instances I would say it would be better for the children, and much cheaper to the ratepayer, to re-educate the parents, particularly the mother. Where physical cruelty is a feature, or gross immorality, the break-up of the home is unfortunately the only solution.

We have many cases under constant review in the division, and I would like to thank each of the District Councils for the great assistance they have given in rehousing some of the cases where it is considered that the mother would improve her care of the family by this means. In one case we had a family of three children who were grossly neglected put in the care of the grandmother who was very fond of them but was not in a financial position to look after them adequately. With the able assistance of the Assistant Children's Officer and continued pressure from the Health Visitor, this family were assisted in material fashion by obtaining furniture, bedding and blankets. The home was thoroughly cleansed and the children were cleansed and have, since that date, been kept clean. We have had several successes of this nature, but the fact remains that the work would be much easier if we could have compulsory re-education of the mother.

## CARE AND AFTER-CARE.

Admissions and discharges for all local hospitals are notified to the Medical Officer of Health by arrangement with the Regional Hospital Board. Where the hospital Medical Officer and Consultants require information about the possibility of home care or home nursing this can be supplied in every case. Depending on home circumstances and in consultation with the Family Doctor, the Home Help, Health Visitor, Home Nurse or Midwife may be instructed to visit the home when the case is discharged from hospital. This service is of greatest value in dealing with the aged sick, and inspections of such houses have revealed from time to time gross structural defects which are dealt with by a visit from the Sanitary Inspector. In other cases it is discovered that the aged patient has inadequate bedding and this is supplied in collaboration with the National Assistance Board. In another instance where the Ministry of Pensions has refused to grant a mechanically propelled invalid chair, this was obtained when the case was re-opened by the Divisional Medical Officer. Where patients are discharged from mental hospitals the Divisional Medical Officer is similarly notified. In this case no direct approach is made but a letter is sent to the patients informing them that if they have any problems or difficulties, a Mental Health Social Worker will be pleased to call and assist them if they apply to the divisional office. How futile it is to treat by great skill and expenditure of money, diseases in hospital and then return the patients home, without any advice or home supervision, to the conditions that produced their illness. We are now slowly trying to alter this. In the case of Tuberculosis the service is most highly developed as this disease is, of course, greatly affected by adverse conditions in the home. In many cases we find there is a great need for occupational therapy, particularly so in the case of chronic illness where the burden of lying at home year after year must have a most demoralising effect on the patient's mental outlook. A good occupational therapy service for the home is as necessary as any home help service and would give many of our chronic sick a completely new interest in life.

### **Details of Assistance afforded by the Health Department to Patients on Discharge from Hospital.**

	No. of Cases.
Assisted by Midwife (discharged before the 14th day) .. ..	146
Assisted by Home Nurse .. .. .. .. .. ..	28
Assisted by Health Visitor .. .. .. .. .. ..	166
Background Reports provided for Hospital Staffs .. ..	394
Number of Patients referred to Medical Officer on discharge ..	348

### **Diphtheria Immunisation.**

Diphtheria is becoming a rare disease. This is not due to any advance in treatment, which has altered but little in the period when Diphtheria has practically disappeared. It is mainly due to an effective policy of immunisation carried out by Public Health Departments and Family Doctors. The rarer Diphtheria becomes, the greater the need for immunisation; because resistance can be obtained only by contact with the disease or by artificial means, i.e. immunisation. The figures again show an increase for the age group 5 to 14. Swinton

### DIPHTHERIA IMMUNISATION.

Urban District.	No. of Children Immunised in 1952.			No. of Children given booster doses during 1952.			No. of Children Immunised at any time up to 31/12/52.			Estimated Mid-Year Population.			Percentage.		
	Under 5 Yrs.		Total.	Under 5 Yrs.		Total.	Under 5 Yrs.		Total.	Under 5 Yrs.		Total.	Under 5 Yrs.		Total.
	5—14 Yrs.	5 Yrs.		5—14 Yrs.	5 Yrs.		5—14 Yrs.	5 Yrs.		5—14 Yrs.	5 Yrs.		5—14 Yrs.	5 Yrs.	
Wath .. .. .	197	91	288	681	671	1786	2457	1254	2187	3441	535	53.5	81.7		
Swinton .. .. .	209	77	286	361	619	1677	2296	1123	1795	2918	551	55.1	93.4		
Rawmarsh .. .. .	257	97	354	344	695	2448	3143	1633	2958	4591	426	42.6	82.8		

leads with 93.4% immunised, Wath and Rawmarsh are next with 81 and 82% respectively. There are not sufficient children under the age of one being immunised and if an outbreak starts it will be the young children who will suffer most.

### **Number of Persons Vaccinated or Re-vaccinated during 1952.**

Age at 31.12.52, i.e., born in years.	Under 1 1952.	1—4 1948/51.	5—14 1938/47.	15 or over before 1938.	Total.
No. vaccinated:					
Wath .. ..	1	—	—	—	1
Swinton .. ..	1	—	1	—	2
Rawmarsh .. ..	14	1	1	—	16
No. re-vaccinated:					
Wath .. ..	—	—	—	1	1
Swinton .. ..	—	—	—	2	2
Rawmarsh .. ..	—	—	—	2	2

### **Smallpox Vaccination.**

Since the repeal of the vaccination acts there has been a dangerous decline in the number of children vaccinated in infancy. Smallpox is a preventable disease which kills with a mortality varying between 30 and 50%. Vaccination should be carried out at the third month, as at this period the complications are minimal. The severe reactions seen in young people in the services and in adults vaccinated for the first time are all avoidable by vaccination in infancy. It is most likely that we shall have yearly outbreaks of Smallpox in this country with the recent increase in air travel, and the fact that large numbers of people are constantly coming into the country from areas where the disease is endemic. For this reason infant vaccination remains the only sure safeguard against developing the disease. None of the modern drugs have any effect on the malady; in fact, in really severe outbreaks the early cases are often dead before the disease has been diagnosed.

### **Whooping Cough.**

A start has been made with Whooping Cough Immunisation. The vaccine used is a saline suspension and contains no aluminium; it can be given by sub-cutaneous injection thereby reducing the risk of untoward reaction. Whooping Cough is now a major killing disease of infancy; it has attained this place since the virtual disappearance of Diphtheria and since the greater control of Gastro-Enteritis. Half the deaths from Whooping Cough occur in the first year of life, therefore it is essential that immunisation should be begun early and protection should be offered at the third month. If Whooping Cough does not kill a child it condemns many to severe crippling owing to its damaging effects on the lungs and bronchi. We do not immunise children after the 4th birthday has been reached because the value of the vaccine has been found to be greatest in young infants. The vaccine, even in its most developed form, does not give the same protection against the disease as is the case with Diphtheria immunisation. Immunisation is offered at all Infant Welfare Centres in the division and the vaccine is also issued to Family Doctors.

## School Health Service.

There are approximately 7,934 school children in the health division. The health of these children is observed by the procedure of medical inspection on school entry, on transfer and on school leaving. In addition to this, special inspection and supervision is arranged for any child where departure from normal health is detected. Minor ailment clinics are not run throughout the division; apart from the treatment of some cases of impetigo and discharging ears, there is no need for minor ailment clinics where every child has access to a Family Doctor; and it is right and proper that the treatment of the children should be in the hands of the Family Doctor. It is the duty of the School Nurse to see, that where parents are not ensuring that their children have treatment, that this treatment is obtained for the children either by advising the parent or, if necessary, by a visit from the School Medical Officer or in extreme cases from the N.S.P.C.C. Inspector.

The system of supervision is greatly assisted by the fact that the Consultant Paediatrician for the area, Dr. C. C. Harvey, is also a part-time member of the W.R.C.C. staff. Children are frequently referred to Dr. Harvey both by family doctors and, with their consent, by the School Medical Officer and his assistant Dr. Menzies. In every case the Family Doctor is notified of the findings. The co-operation of the Paediatrician in this way with the Family Doctors and the School Authorities, has produced a service for the school children which in my experience has greatly improved the standard of care devoted to them. It is quite true to say that the service offered must rank as one of the finest in the country. School Medical Officers cannot discharge their duties towards the school children efficiently if they have not complete reports on the health of the children in their care. These reports are freely available from the Consultant and from all the Children's Hospitals in the area. The children affected naturally reap the benefit of this co-operation.

Dr. M. R. Menzies, my assistant, is engaged mainly with school medical work, including the selection of cases for suitable education and, a very responsible task, grading the various degrees of ineducable pupils. In the autumn of the year the part-time services of Dr. M. S. Scott were obtained to assist Dr. Menzies. There is only one aspect of the School Health Service with which I am dissatisfied and that is the exceedingly high rate of head infestation in some of our schools. Above 80% of the cases are repeated offenders; to have a child repeatedly infested with head lice is of course no reflection on the child, but it is a great reflection on the mother, who is obviously neglecting the child. With modern methods of treatment such as D.D.T. emulsion, D.D.T. powder and solutions of Gammexane there should be no excuse for any mother having her children repeatedly infested. It was hoped in the course of the year to have individual cards for each child so affected, but unfortunately these were not available, and the detailed survey will have to be left to the following year; but it might as well be put on record that no mother can expect any sympathy from the School Medical Officer if she repeatedly allows her children to become infested with head lice. There has been a stricter check this year on the cleanliness

of children attending school, both cleanliness of clothing and bodily cleanliness. Where children come repeatedly dirty to school the home is visited, in some cases by the Medical Officer, and teachers are advised not to accept dirty children in their schools but just to send them home with a polite note asking the parents to wash them. If the schools accept a low standard they are condoning neglect of one of the elementary laws of hygiene.

I am pleased to report that the waiting list for Ear, Nose and Throat clinics continues to be reduced and for young children the waiting period is round about four to six weeks. When it is remembered that a few years ago this was two years or more it will be seen that Mr. P. H. Beales, the E.N.T. Surgeon deserves congratulation for his co-operation.

A very close check is kept on all children who have chronic chest complaints and these are invariably skin tested to see whether they are possible cases of Tuberculosis or not. This skin testing involves no injections and the results are available from visual inspection within a week. The use of the skin test is of major value in detecting early cases of Tuberculosis.

### **Number of Inspections of Schoolchildren.**

Entrants .. .. .. .. .. .. ..	1129
Last year in Primary School .. .. .. .. .. .. ..	193
School leavers .. .. .. .. .. .. ..	774
<hr/>	
Total .. .. .. .. .. .. ..	2096
<hr/>	
Number of Special Inspections .. .. .. .. .. .. ..	2551
Number of Re-inspections .. .. .. .. .. .. ..	1223
<hr/>	
Total .. .. .. .. .. .. ..	3774
<hr/>	
Grand total of inspections carried out .. .. .. .. .. .. ..	5870

In conjunction with the Service, clinics are established as follows:

- (1) Ophthalmic Clinics are held at Dunford House and Barber's Avenue—Dr. F. Fischer.
- (2) Orthopaedic Clinics are held at Barber's Avenue—Mr. H. L. McMullen.
- (3) Ear, Nose and Throat Clinic, Montagu Hospital—Mr. P. H. Beales.
- (4) Paediatric Clinic, Barber's Avenue—Dr. C. C. Harvey.
- (5) Child Guidance Clinic, Barber's Avenue—Dr. M. MacTaggart.
- (6) Speech Therapy Clinic, Rock House, Swinton—Miss M. Fish.
- (7) Ultra Violet Light, Dunford House and Barber's Avenue. (In the winter months only.)

### **Child Guidance Clinic.**

This clinic is of the greatest value in dealing with children who have problems of behaviour, and particularly in dealing with their parents, who more often than not are the cause of the defects of behaviour in the child. In some instances head teachers have been perturbed because cases are referred for treatment to the Child Guidance Clinic although their behaviour in school is normal. A child of course spends a pro-

portion of its life in school and in some cases school may be a haven of safety for a child whose home is quite the reverse. In such instances child guidance treatment is necessary because as School Medical Officers we are interested in a child's behaviour at all times, not only in school. Sometimes parents and teachers express dissatisfaction because a child has been attending the centre for a period but has not shown marked improvement; Child Guidance is not a medicine that can be taken three times a day; the majority of children exhibiting behaviour disorders are not solely to blame for their condition and therefore the treatment has to be directed towards other people as well, e.g. the parents; for these reasons alone quick results cannot be obtained. Another grievance is that the School Medical Officers do not disclose to teachers any details about the cases. Child Guidance is based on trust between the psychologist, the parents and the School Medical Officer and whilst we value most highly all the information that we readily obtain from the head teachers, I regret that it is not always in the interests of the child to disclose all the family shortcomings to more people than is absolutely necessary. In the cases where this information must be passed on to the head teacher for the child's welfare this is invariably done, but it cannot be made a general rule. I am satisfied that the Educational Psychologist has been of great assistance to many of the children referred to her. Her vast experience of intelligence testing also acts as a safeguard when we are dealing with doubtful cases of ascertainment under the Mental Deficiency Acts.

### **Infestation with Vermin.**

Total number of examinations in schools by the School Nurse	30,432
Number of individual children found infected	.. .. 705
Expressed as a percentage	.. .. .. .. .. 2.3%

The above figures do not give a correct picture of the problem. The 705 children will possibly have been infected many times in the course of the year and if the rate is taken as a percentage of the total number of children of school age the infestation rate is 8.9%. The hard core of chronic infestation exists in a small number of unfortunate children and in a typical family all of them, the mother included, will be infested at various times during the year. Infestation lies in the home in such conditions. A smaller proportion, but equally disgraceful, is the older School girl who home perms her hair and then never washes it for months afterwards, by which time gross infestation has arisen. There is a small proportion of these in our three Secondary Modern schools. The time when infestation with head lice was considered to be a mark of distinction or virility has long since gone; repeated infestation can be summed up in two words, child neglect or self neglect according to the age of the school child. In both cases the responsibility lies squarely on the parents. Treatment is at hand and is free. Furthermore it is effective, as can be seen when we consider that in the last war British, native, and allied troops were kept completely free from this infestation by the very simple methods of elementary hygiene and the use of D.D.T. powder. How easy a mother's task can be in doing the same for her children in normal home conditions if she is not too idle to apply the treatment.

# SWINTON URBAN DISTRICT COUNCIL

## Health and Housing Department

Council Offices,  
SWINTON,  
Mexborough.

March, 1953.

To the Chairman and Members of the  
Swinton Urban District Council.

Mr. Chairman, Mrs. Lawrence, Gentlemen,

I have the honour to present my Annual Report on work done in this department during the year 1952.

### INSPECTION WORK. Public Health Acts.

					No.
Drainage:					
Choked, removed, i.e., by owners	..	..	..	..	9
by Council under scheme (repayment by owners)	..	..	..	..	40
New drains provided and tested	..	..	..	..	48
Old drains tested	..	..	..	..	27
Old drains taken up and disbanded	..	..	..	..	27
New and additional gullies provided	..	..	..	..	21
Old gullies done away with	..	..	..	..	18
Inspection Chambers:					
Provided where previously non-existent	..	..	..	..	13
Repairs to existing chambers	..	..	..	..	4
Existing chambers done away with	..	..	..	..	2
Houses:					
Smoke nuisance (domestic)	..	..	..	..	24
Defective Chimneys, Flashings, Flues, Stacks and Pots				..	72
Defective Ovens renewed	..	..	..	..	15
Defective Firebars renewed	..	..	..	..	122
Defective Side Boilers renewed	..	..	..	..	7
Fireplaces reset, repaired and renewed	..	..	..	..	189
Plastering of internal walls and ceilings	..	..	..	..	222
Dampness of walls and ceilings remedied	..	..	..	..	243
Washing coppers renewed	..	..	..	..	17
Window, Frames, Sashes and Cords renewed	..	..	..	..	192

Doors repaired and renewed	..	..	..	..	..	256
Floors renewed and repaired	..	..	..	..	..	28
Roofs repaired	..	..	..	..	..	174
Pointing of house walls	..	..	..	..	..	30
Cellars, grates, kerbs, etc.	..	..	..	..	..	3
Defective Flashings to windows, bays, etc.	..	..	..	..	..	37
Animals as a nuisance	..	..	..	..	..	3
Yard paving repaired or renewed to	..	..	..	..	30 houses	
Flooded cellars dealt with	..	..	..	..	..	7
<b>Roof Drainage:</b>						
Repairs and renewals of eaves, gutters and fallpipes	..	..	..	..	..	194
<b>Sinks and Sink Drainage:</b>						
Sinks and sink waste pipes renewed	..	..	..	..	..	83
Defects in drainage ..	..	..	..	..	..	129
<b>General:</b>						
Verminous houses ..	..	..	..	..	..	6
<b>Water Closets:</b>						
General defects remedied (cisterns and basins) ..	..	..	..	..	..	286
<b>Informal Notices:</b>						
Served (written and verbal)	..	..	..	..	..	328
Letters written as reminders to all notices	..	..	..	..	..	54
Letters written on various general subjects	..	..	..	..	..	62
<b>Formal Notices: (Total)</b>						
Section 93 P.H.A., 1936	..	..	..	..	..	3
Section 9 Housing Act, 1936	..	..	..	..	..	5
Section 157 Housing Act, 1936	..	..	..	..	..	8
<b>In hand at 31st December, 1952:</b>						
Formal ..	..	..	..	..	..	6
Informal ..	..	..	..	..	..	15
<b>Additional fresh water closets provided: (Total)</b>						
Additional to dwelling houses	..	..	..	..	..	22
New houses ..	..	..	..	..	..	134
Other buildings ..	..	..	..	..	..	7
<b>Closets disbanded: (Total)</b>						
Water closets (condemned houses)	..	..	..	..	..	16
Pail closets (condemned houses)	..	..	..	..	..	2
<b>Sanitary Dust Bins:</b>						
By Council against G.R. Fund	..	..	..	..	..	203
By Council on prepayment	..	..	..	..	..	1
Struck Off (Condemned houses)	..	..	..	..	..	3
Additional Bins—New Houses, etc.	..	..	..	..	..	96
Additional Bins—Other premises ..	..	..	..	..	..	6

## AMOUNT OF WORK DONE.

Total pits emptied .. .. .. .. .. ..	27
Total loads removed (all refuse) .. .. .. .. .. ..	1539
i.e., Ashpits refuse only, freighter loads .. .. ..	6
Dry refuse, bins only—Freighters .. .. ..	1514
Morris Lorry .. .. ..	19
Loads tipped on Council Tips: (Total) .. .. .. .. ..	1539
Mileage Run: (Total) .. .. .. .. ..	3118
Freighter No. 9 .. .. .. .. ..	674
Freighter No. 7 .. .. .. .. ..	931
Freighter No. 2 .. .. .. .. ..	727
Morris Lorry .. .. .. .. ..	314
Bedford Lorry .. .. .. .. ..	472
Salvage Work: (Total loads) .. .. .. .. ..	948
Morris Lorry .. .. .. .. ..	39
Bedford Lorry .. .. .. .. ..	909

## ANALYSIS OF WEIGHTS.

Vehicle.	Refuse.	Loads.	Tons.	Av. Wt. per load.			Av. Wt. per bin. Lbs.	Av. No. of Bins per load.	Tipping Sewage Works. Tons.	Number of Bins emptied.
				T.	C.	Q.				
Fr. No. 9	Bins	382	1843	4	16	2	56.27	192	1843	73369
Fr. No. 7	Bins	618	1143	1	17	0	48.10	86	1143	53245
Fr. No. 2	Bins	514	910	1	15	2	47.10	84	910	43234
Morris ..	Bins	19	23	1	4	0	37.10	74	23	1401
Fr. No. 7	Nightsoil	6	9	1	10	0	—	—	9	—
Bedford ..	Salvage	909	141	—	—	—	—	—	—	—
Morris ..	Salvage	39								
		2487	4069	—	—	—	—	—	3928	171249

## COLLECTION AND DISPOSAL OF HOUSE REFUSE.

### Transport.

1/1/52 to 30/6/52. Two S. & D. End Filling Freighters, each with 9 cube yard body.  
 One Morris 30 cwts. G.P. Lorry.  
 One Bedford 3 ton G.P. Lorry.

1/7/52 to 31/12/52. One Fore and Aft S. & D. Tipping Freighter with 16/18 cube yard body.  
 One S. & D. End Filling Freighter with 9 cube yard body.  
 One Morris 30 cwts. G.P. Lorry.  
 One Bedford 3 ton G.P. Lorry.

The Fore and Aft Tipping Freighter was purchased and commenced work on 1st July, 1952.

The oldest End Filling Freighter was dispensed with.

The Bedford G.P. Lorry was dispensed with as at 31.12.52 thus making the Transport at 1.1.53.

One Fore and Aft Tipping Freighter.  
One End Filling Freighter.  
One Morris 30 cwts. G.P. Lorry.

### **Labour.**

One Driver and two Fillers for each End Filling Freighter.

One Driver for Morris Lorry.

One Driver for Bedford Lorry.

Two Tip Levellers.

One Woman, paper baling.

When the new Freighter was purchased the work was so arranged that:—

One Driver and five Fillers for this new vehicle to work all week bin emptying.

One Driver and one Filler (taken from tip levelling) for one day per week emptying bins with the old 9 cube yard Freighter (at places inaccessible to the Fore and Aft Tipping vehicle), and this Freighter then on collection of Salvage from Industrial and Shop premises and other work as necessary for the remainder of the week.

The other labour as listed being unaltered.

The purchase of the new Fore and Aft Tipping Freighter has been the means of disposing of one old freighter and the Bedford G.P. Lorry.

### **Disposal.**

100% controlled tipping at the Sewage Works Tip. The tipping space at this tip is nearly almost complete and provision of other sites for tipping will soon be necessary.

### **Collection.**

The work of collection of house refuse from Bins was generally satisfactory up to the latter end of the year when collection fell back but this was recovered satisfactory by the year end.

## **WORKING COSTS.**

<i>Collection.</i>		<i>Wages.</i>	<i>Working Costs.</i>			<i>£ s. d.</i>
			<i>£</i>	<i>s.</i>	<i>d.</i>	
Refuse .. .. ..		1821 0 0				
Repairs .. .. ..				10	0 0	
Superannuation .. .. ..				48	0 0	
Holidays, Sickness and Nat.						
Insurance .. .. ..				273	0 0	
						2152 0 0
<i>Transport.</i>						
Lorries .. .. ..		928 0 0				
Lorries (repairs and renewals						
--Fund Contribution) ..				525	0 0	

<i>Transport</i>	<i>Wages.</i>	<i>Working Costs.</i>									
		£	s.	d.	£	s.	d.	£	s.	d.	
Lorries (Licenses, Insurances, etc.) .. .. ..		187	0	0							
Lorries (Petrol, Oil, etc.) ..		660	0	0							
Lorries (Less allocation to Salvage) .. .. ..		Cr. 150	0	0							
Depot (annual charge) ..		75	0	0							
								2225	0	0	
<i>Disposal.</i>											
Wages .. .. ..	541	0	0								
Holidays, Sickness and Nat. Insurance .. .. ..		81	0	0							
Materials, Tools, etc. ..		1	0	0							
								623	0	0	
<i>Salvage of Materials.</i>											
Wages .. .. ..	675	0	0								
Holidays, Sickness and Nat. Insurance .. .. ..		74	0	0							
Transport .. .. ..		150	0	0							
Materials .. .. ..		47	0	0							
Depot (Annual charge) ..		100	0	0							
								1046	0	0	
	£3965	0	0		£2081	0	0		£6046	0	0
<i>Deductions from Gross Cost.</i>											
Drain Clearances .. .. ..	9	0	0								
Salvage Income .. .. ..	1376	0	0								
								1385	0	0	
Nett Cost ..	£4661	0	0								

**Summary of Nett Costs.**

		£	s.	d.
Collection .. .. ..	..	4038	0	0
Disposal .. .. ..	..	623	0	0
		£4661	0	0

**Costs.**

	<i>Collection.</i>	<i>Disposal.</i>			<i>Total Cost.</i>					
		£	s.	d.	£	s.	d.	£	s.	d.
Cost per house .. ..	1 2 1				3	5		1	5	6
Cost per 1,000 houses ..	1104	3	4		170	16	8	1275	0	0
Cost per 1,000 population	336	10	0		51	18	4	388	8	4

**SALVAGE OF MATERIALS.**  
**Year ended 31st December, 1952.**

			Detail.		Weights.	T.	C.	Q.	£	s.	d.
Paper, Cardboard, etc.:											
Mixed Paper	..	..	1559 bales		65 11 3				638 9 1		
Newspaper	..	..			3 8 2				52 16 1		
Cardboard	..	..			24 17 1				357 3 4		
Scrap:											
Tins	..	..	..		9 7 0				14 0 6		
Heavy	..	..	..		29 17 3				158 7 7		
Textiles:											
Rags	..	..	..		0 15 2				15 14 0		
Wools	..	..	..		0 5 2				2 18 6		
Jars (dozens):											
1 lb.	..	..	..	1333		6 10 0			66 13 0		
Non-Ferrous Metals:											
Brass	..	..	..			1 0			6 5 6		
Copper	..	..	..			8 2			63 5 7		
			Totals	..	141 2 3				£1375 13 2		

The prices of paper for the first three months of the year were very high but these prices came down to a very much lower level for the remainder of the year, as follows:

		Mixed.	Newspaper.	Cardboard.
		£ s. d.	£ s. d.	£ s. d.
January—March	..	13 0 0	18 0 0	14 5 0
May ..	..	8 10 0	14 15 0	9 10 0
June—December	..	7 10 0	10 0 0	8 10 0
Cost:		£ s. d.	£ s. d.	£ s. d.
Wages .. ..	..	675 0 0		
Holidays, Sickness, Nat.				
Insurance .. ..			74 0 0	
Transport .. ..			150 0 0	
Materials .. ..			47 0 0	
Depot (annual charge) ..			100 0 0	
			—————	
Excess Revenue over Expenditure .. ..				£329 13 2

The gross tonnage and the gross revenue received from Salvage from 20th March, 1940, to date, is set out as follows:—

					Weights.			
					Detail.	T.	C.	Q.
Paper:								
Mixed	..	..	..	17350 bales	952	9	0	
Selected	..	..			81	16	3	
Cardboard	..	..			130	16	2	
Newspaper	..	..			11	17	0	
					=====			
						1176	19	1

				Weights		
			Detail.	T. C. Q.	T. C. Q.	
Scrap:						
Tins	..	..	..	182	13	3
Steel	..	..	..	17	9	1
Heavy	..	..	..	90	13	0
Light	..	..	..	31	11	3
				—	—	—
					322	7 3
Textiles:						
Rags	..	..	..	35	4	3
Wools	..	..	..	1	3	0
Bagging	..	..	..	15	19	2
				—	—	—
					52	7 1
Jars and Bottles:						
Jars—2 lbs.	..	..	1858 doz.	9	2	1
1 lb.	..	..	15787 ,,	77	7	2
Pickle Jars	..	..	184	18	0	
Wine Bottles	..	..	2441	12	0	0
				—	—	—
Cullet	..	..	..	193	12	0
Non-Ferrous Metals	..	..	..	5	12	0
Household Bones	..	..	..	14	7	0
Rubber	..	..	..	11	10	1
				—	—	—
					1876	3 1

Gross Revenue — £11,375 14s. 8d.

I set out below the numbers and kinds of the sanitary conveniences in the district at the year end.

			No.	No. of Houses with	No. of other Buildings with
Ashpits ..	..	..	..	8	14
Privies ..	..	..	..	11	14
Water Closets:					
Fresh Water (Pedestal)	..	..	4497	3625	101
Fresh Water (Troughs)	..	..	10	1	1
Waste Water	..	..	0	0	0
Pail Closets ..	..	..	22	9	6
Sanitary Dust Bins ..	..	..	3737	3644	64

### Complaints of Nuisances Received.

The complaints of nuisances received and dealt with during the year were 183 in number, as set out in detail in the Complaints Received record.

### VARIOUS PREMISES (INSPECTIONS AND RECORDS).

#### Factories.

##### Bakehouses:

On register ..	..	..	..	..	..	..	2
Number of Inspections ..	..	..	..	..	..	..	12

**Factories:**

On register .. . . . .	..	..	..	..	..	26
With mechanised power ..	..	..	..	..	..	24
Without mechanised power ..	..	..	..	..	..	2
Number of inspections .. . . . .	..	..	..	..	..	82

22 Letters were written in connection with Factories.

One Notice under Section 9 was received from H.M. Inspector of Factories during the year, and acted upon.

One Notice under Section 8 (3) was received from H.M. Inspector of Factories during the year, and acted upon.

Improvements and alterations to Sanitary accommodation at two factories were carried out.

**Smoke Abatement.**

The Council are members of the National Smoke Abatement Society.

Thirteen observations of chimneys were carried out during the year, as a result of which no formal action was necessary.

At the Factory which was the result of tests, during last year against sulphur deposits, the work of putting the exhaust gases into a much higher chimney stack was completed, which has allowed for greater diffusion of the gases discharged, and the nuisance to the immediate neighbourhood has been satisfactorily abated.

The work of installing mechanical stokers to several stills and other boilers, from which a certain amount of smoke nuisance was created at the local chemical works, was proceeding at the year end. Those already completed have effected considerable improvement and when the whole is completed a good satisfactory co-operative improvement will result. The management of this works are to be congratulated on their enterprise and co-operation in this direction.

At another Factory where there was a considerable discharge of grit, etc., from cupola (which is in a built-up area) a grit arrestor has been fitted with great improvement.

**Schools.**

Number of visits .. . . . .	..	..	..	..	..	18
-----------------------------	----	----	----	----	----	----

**Offensive Trades.**

Number of inspections (Total) .. . . . .	..	..	..	..	..	72
Fish frying .. . . . .	..	..	..	..	..	12
Maggot Breeder .. . . . .	..	..	..	..	..	1
Marine Stores .. . . . .	..	..	..	..	..	1

Premises generally are kept in a clean and satisfactory condition.

**Slaughter Houses.**

Two Licences, i.e. Knackers Yard in force.

Number of inspections .. . . . .	..	..	..	..	..	17
----------------------------------	----	----	----	----	----	----

One new Licence for a Knackers Yard was granted during the year on the maggot breeding premises with the conditions imposed that the products should be used solely in connection with the breeding of maggots.

Three Licences under Section 57 F. & D.A. 1938 for Slaughter Houses were in force.

Number of inspections .. . . . .	..	..	..	..	..	11
----------------------------------	----	----	----	----	----	----

**Butchers' Shops.**

Number .. .. .. .. .. .. .. .. ..	12
Number of inspections .. .. .. .. ..	25

**Public Health Meat Regulations, 1924.**

Number of carcases inspected on:

Unlicensed premises—Pigs .. .. .. .. ..	24
---	----

Condemnations were as follows:

2 Livers.	12 Mesenteries.	4 Heads.
1 Tongue.	4 Spleens.	

**Slaughter of Animals Act, 1933.**

Two new Licences to use the Humane Killer were issued during the year.

Ten Licences were renewed during the year, and the number of Licences in force at the year end was fourteen.

**Canal Boats.**

Number on register .. .. .. .. .. .. ..	5
Number of inspections .. .. .. .. .. ..	4

**Infectious Diseases.**

Number of visits (Total) .. .. .. .. ..	3
After Scarlet Fever .. .. .. .. ..	3

**Entertainment Houses.**Five visits were made to the Picture House during the year.  
Outside entertainment hours.**PREVENTION OF DAMAGE BY PESTS ACT, 1949.****Total of Work done during the year is as follows :**

Premises dealt with.	No. of points baited.	Actual baits laid.			Actual carcases recovered.
		Pre-bait.	Poison.	Post-bait.	
<b>Rats :</b>					
Private 7	36	144	36	12	2
L.A. 1	12	36	12	6	2
L.A. Sewers	25	25	—	—	—
<b>Mice :</b>					
Private 8	112	224	112	20	17

Materials used were:

*Baits* .. Sausage Rusk (Rats). Wholemeal Flour (Mice).*Poison* .. Zinc Phosphide (Rats and Mice).

Private Premises dealt with were Factories and one provision shop.

The results achieved have been most successful, as premises infested were definitely cleared and there is certainly a falling off of the number of premises infested.

During the year Council sewer manholes were given a 10% test treatment (involving 25 manholes) with moderate results according to the "Takes."

Complainants where the "odd" rat is concerned are supplied with treated biscuits for the purpose and in most cases this method is generally successful.

## **Shops Act, 1934.**

Fourteen visits under Section 10 and 13 (3) were paid to shops.

One shop, used for the sale of wet fish, was provided with a floor of an impervious material following complaints from neighbouring traders of an effluvium nuisance which was proved, since which time no complaint has been received and the action taken has proved quite satisfactory.

## **Drain Stoppages.**

In 40 instances, drains of private properties were cleared by this department under the Scheme inaugurated for removing simple stoppages from drains at a fixed charge of 5/-, thus preventing continuing nuisances arising from this source.

**Food and Drugs Act, 1938—Section 14(1)(a).**

Ten premises were registered during the year for the sale of pre-packed Ice Cream which makes the total number of premises on the register 31.

Number of inspections made .. .. .. .. .. .. 38

## **Food and Drugs Act, 1938.**

## **Cleanliness in Food Shops.**

Following a representation made to the Health Committee by the Medical Officer of Health and myself that as far as possible, in the interests of Public Health and Hygiene, dogs should be excluded from entering Food Shops.

As a result of your instructions a leaflet was produced making a request to the public NOT to take a dog into any shop where food is sold.

I forwarded a supply of these leaflets to each of 105 traders in the Urban District asking their co-operation and for prominent display in the shops and I am sure that this has been given whole-heartedly with quite satisfactory results.

## **The Milk (Special Designation) Pasteurised and Sterilised Milk) Regulations, 1949.**

Number of supplementary licences in force for:

(a) Tuberculin Tested Milk (Pasteurised) .. .. ..	5
(b) Pasteurised Milk .. .. ..	6
(c) Sterilised Milk .. .. ..	18

## Eradication of Bed Bugs.

Number of Council Houses found to be infested	..	..	9
Number disinfected	..	..	9
Other houses found to be infested	..	..	16
Number disinfected	..	..	16

Methods adopted for disinfection is generally to supply the occupiers affected with the necessary materials so that the treatment can be more or less continuously applied by them, but spray with an insecticide is carried out by the Department on severe infestations and on others where necessary.

A number of Council houses were found to be infested with Black Clocks and these were successfully treated with D.D.T. powder.

### Housing Acts.

Internal and external repair of properties has been carried out by informal action chiefly, under great difficulty, owing to the shortage of materials and the economic position.

### Overcrowding.

A separate statement is given as to the position at the end of the year.

## INSPECTION OF FOODSTUFFS.

The following articles of food have been condemned by me as unfit for human consumption, in every case being surrendered, and were destroyed.

<i>Article.</i>	<i>No.</i>	<i>Weight lbs.</i>
Tinned Milk .. .. .. ..	116	159 $\frac{1}{2}$
Tinned Fish .. .. .. ..	37	22
Tinned Steak .. .. .. ..	84	83 $\frac{1}{2}$
Canned Shoulder Hams .. .. .. ..	42	148
Canned Luncheon Meat .. .. .. ..	123	92
Fresh Potted Meat .. .. .. ..	24	8 $\frac{1}{4}$
Canned Pork .. .. .. ..	20	112
Tinned Preserves .. .. .. ..	9	8 $\frac{1}{2}$
Tinned Vegetables .. .. .. ..	117	182
Tinned Fruit .. .. .. ..	167	196 $\frac{1}{4}$
Tinned Tomatoes .. .. .. ..	266	353
Fresh Fish .. .. .. ..	1	28
Fresh Pork .. .. .. ..	1	4
Canned Pineapple juice .. .. .. ..	195	1267
		_____
Total .. .. .. ..	1202	2664
		_____

### Canteens.

Regular inspections are carried out of the Canteens attached to the various works in the District, together with those providing the Schools Meals Service. The inspections include the cleanliness of the premises and utensils, and the handling in the preparation of food, together with

checking over the stocks of tinned foods, etc. The owners of the Canteens generally are very co-operative in their endeavours to provide good, clean food for their workpeople, and no difficulty is experienced in obtaining any improvements that may be necessary.

One School Meals Service Canteen has been provided with sanitary conveniences for the workers and staff which were not previously provided, during the year.

### **W.R.C.C. (General Powers) Act, 1951—Section 120.**

This section requires that premises and the person or persons carrying on the business of a Hairdresser or Barber on such premises should be registered with the Local Authority. I made a survey of all the premises so used and submitted a report to you on my findings. There are difficulties to be overcome on some of the premises, particularly as to running hot and cold water and the drainage of wash basins and this will take some little time in view of the fact that, particularly in the case of those Ladies' Hairdressers who operate from the front room of a dwelling house. Certificates of Registration as to fifteen premises and the persons operating were issued.

Byelaws for the purpose of securing the cleanliness of premises and persons were confirmed by the Minister of Housing and Local Governments on 5th November, 1952, to become operative on the 1st January, 1953. I forwarded a copy of these Byelaws to each of the Registered persons for their information and guidance.

### **Sanitary Accommodation on Licensed Premises.**

At the request of the Ministry of Works I carried out an exhaustive survey of the sanitary accommodation at all the Public Houses in the District with a view to helping them to formulate their programme for the winter issue of licences for the carrying out of, in some cases, much needed modernisation of the conveniences on some premises. I made a report to them on my findings, since which time, at least in two cases, improvements have been made.

### **Sanitary Dust Bins.**

Following an exhaustive Report I made to the Council on the difficulties being encountered, and the involved legal position as to the renewal of dust bins, you did, after a lengthy discussion on the Report decide that as from 1st April, 1952, you would:

1. That the renewal of all dust bins be the responsibility of the Council, and that this be covered by an annual charge on the General District Rate.
2. That a sum to be decided be inserted in the current year's estimate of expenditure.

3. That the scheme be operated by the Sanitary Inspector. This scheme commenced, as stated, on the 1st April, 1952, since which time, up to the 31st December, 1952, bins have been supplied as follows:

*Replacements.*

Council Houses	..	..	..	..	26
Private Houses	..	..	..	..	94
<i>New.</i>					
Council Houses	..	..	..	..	83
Total	..	..	..	..	203

### **Water Supply—Six Houses Nos. 38/43 Crossland Street, Swinton.**

In connection with the inadequate supply of water to the tap over the sink for domestic purposes and to the water closet flushing cistern for each of the above houses, I made a report to you on the 30th April, 1952, following complaints from tenants and you instructed me to serve Notice on the owner under Section 93, P.H.A. 1936, to abate the nuisance and conditions prejudicial to health it was considered was existing. I duly served this notice on the 2nd May, 1952, and I reported to you on the 18th June, 1952, that the Notices had not been complied with, when I was then instructed to apply to the Court for an Order for the abatement of the nuisance. This I did and the Hearing was held at the Rotherham Court of Summary Jurisdiction on the 11th August, 1952, when the magistrates dismissed the case, stating that they were not satisfied that the act, default, or sufferance was wholly that of the owner. Following your further instructions, the Solicitors in the case were instructed to lodge an appeal to West Riding Quarter Sessions, following Counsel's opinion, and the appeals, six in all, one for each house, were heard at Wakefield on the 10th October, 1952, when the Court of Appeal dismissed the applications but were prepared to "state a case" in case the Council decided to appeal to High Court.

At a special meeting of the Health and Water Committee on the 3rd December, 1952, and which was confirmed by the Council on the 17th December, 1952, it was decided that no further action should be taken in this case.

A great amount of time was spent in consideration and preparation of the case by the Medical Officer of Health, the Water Engineer, and myself and great interest was taken at the Court's Hearings by officers of other Local Authorities in the neighbourhood.

I took 36 samples of water from various and all sources which were analysed into 12 Chemical, 12 Mineral and 12 Bacteriological reports, the majority of which were satisfactory. I also submitted two lengths of lead service pipe taken from two different domestic water services for analysis.

The Result of the case was disappointing as it was realised that there would be considerable re-action.

## Housing.

Owing to the economic position and the difficulty of obtaining materials for repairs to privately owned houses, the work of repairs is becoming more and more difficult and the result in time, if this state continues, will be that sub-standard conditions will become more pronounced.

The scheme of Housing Repairs on Council houses, Housing Points Scheme, etc., which was instituted as from 1st August, 1949, from which date my appointment as "Sanitary Inspector and Housing Manager" took effect, has worked extremely well and has, I am sure, achieved the objects which it set out to achieve.

The Work done in this direction is the subject of a separate report

In conclusion I beg to thank the members for their support and offer my sincere thanks to Dr. Cusiter for his great help and valued advice given to me in the performance of my duties during the year.

I beg to remain,

Mr. Chairman, Mrs. Lawrence and Gentlemen,

Yours obediently,

E. ADAMS,

*Sanitary Inspector and Housing Manager.*





